

APPLICATION FOR RE-SITS

NAME:	CANDIDATE NO:	FORM:
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SUBJECT	BOARD	UNIT CODE	PARENT'S SIGNATURE	FEE

TOTAL AMOUNT DUE:

Please complete the details above and then sign and date this form to confirm your request. You need to ensure that the information is correct, because if you are entered for the wrong unit, which then has to be amended and re-entered, you will have to pay again. You can find all of the information you require on your results slip.

The cost of each unit is £ and payment must be made via ParentPay.

Your Subject Teacher MUST sign your form to show agreement to the number of resits requested by you.

SUBJECT TEACHER:

I _____ (Subject teacher name) agree to _____ (No.) resits for this student.

Return the completed form and your payment in full to Miss Kubicek (Exams Officer).

Student Signature: Date:

**PLEASE NOTE THAT ALL RE-SIT APPLICATIONS MUST BE SUPPORTED BY A FULLY COMPLETED FORM AND PAYMENT IN FULL.
NO ENTRIES WILL BE MADE UNTIL THE FORM HAS BEEN RETURNED AND MONEY HAS BEEN PAID.**

For Exam Office Use:

Date Paid:

Amount received: £

Signed Examinations Officer

Date entered onto SIMS: